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CONFIRMATION NO. 3339

Bib Data Sheet

SERIAL NUMBER 09/187,669	FILING DATE 11/05/1998 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 47728												
APPLICANTS																
<p><i>Eduardo Marban</i> EDUARDO MARBAN, LUTHERVILLE, MD;</p> <p>**CONTINUING DATA ***** <i>Eduardo Marban</i> This appln claims benefit of 60/064,893 11/07/1997</p> <p>** FOREIGN APPLICATIONS *****</p>																
<p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/24/1998</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td>STATE OR COUNTRY MD</td> <td>SHEETS DRAWING 25</td> <td>TOTAL CLAIMS 35</td> <td>INDEPENDENT CLAIMS 6</td> </tr> <tr> <td>Verified and Acknowledged <i>Examiner's Signature</i></td> <td>Initials</td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 25	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 6	Verified and Acknowledged <i>Examiner's Signature</i>	Initials				
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<p>ADDRESS 21874 EDWARDS & ANGELL, LLP P.O. BOX 55874 BOSTON , MA 02205</p>																
<p>TITLE SOMATIC TRANSFER OF MODIFIED GENES TO PREDICT DRUG EFFECTS</p>																
FILING FEE RECEIVED 883	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____														

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